EXHIBIT 5
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SB 351

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Testimony of AMPHO (Association of Montana Public Health Officers), and Lewis & Clark City-County Health Department
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February 15, 2011
Senate Bill 351; Pertaining to Medicaid Managed Care

Madam Chair and members of the committee, thank you for this opportunity to testify in favor of Senate Bill 351, a bill that amends the statutes pertaining to Medicaid managed care programs. I am appearing today on behalf of Lewis and Clark City-County Health Department, the Association of Montana Public Health Officers and the Montana Public Health Association.

Since we first became aware of the Five County Managed Care Demonstration Project late last fall, we have been concerned about a planning process that has lacked transparency. There has been little to no opportunity for public input; from those currently providing services, from those receiving services, and from any other concerned party.

This is distressing because, as others have pointed out, we've been down this road before, and the silver bullet didn't make anything better for anyone.

It is even more distressing because I work at a local health department, on the ground, where we actually look at a budget in terms of what services we provide to real people. Several of our programs would be impacted by the Five County project. Specifically, services to the elderly and disabled, and to pregnant women and families with children from birth to three years of age. I want to tell you a little about these programs, so you understand our concerns about the lack of opportunity to inform the planning of a managed Medicaid project.

We provide services to 108 people with disabilities so that they can remain at home or an assisted living facility, rather than living in an institution or nursing home—and we save money doing so. Many of our clients are elderly, and we work to create the community and family support systems needed to help them remain as independent as possible for as long as possible. Our Home and Community Based Services Medicaid Waiver program has been providing services to a three-county area (Lewis and Clark, Jefferson, and Broadwater) since 1984. This program, and others like it across the state, already provides services at a capitated rate, and is reviewed monthly for services and expenditures. We work within this capitated rate, and, through knowledge of our community and the people we serve, are able to provide economic and high quality services. As one program quality auditor said, "I want you to take care of me when I get old." The team of nurses (2) and social workers (2) works seamlessly with other health department programs and staff (e.g., the WIC nutritionist when one client was unable to eat any solids for an extended period of time), and with community health providers and service agencies. They provide home visits, phone consultations, ensure the quality of services, and know when something as simple as the right shower chair can make a world of difference in the quality of someone's life.

Other programs will be impacted. Our Home Visiting program provides case management services to pregnant women and families with young children. To provide these services, we

have created a patchwork of funds—some state grants, some local grants and funding. One important leg of this funding is Medicaid Targeted Case Management billing for high-risk pregnant women and children with special health care needs. How will these services look if the Targeted Case Management is disconnected from the funding that creates a successful community-based service that aims to increase the number of healthy births, and decrease health problems in early childhood? And by the way, there isn't really a profit motive here, the rates have not increased since 1991.

Given these examples, we would like to have the opportunity to provide information and insight into how a managed Medicaid project could be most successful. And hopefully, a project could be planned that preserves what is working, and strives to improve what isn't. Some examples of our concerns and questions:

1) Our Medicaid Waiver Case Management program serves a three-county area. What happens to services for the other two counties if our program no longer provides services in Lewis and Clark County?
2) Many of our contracts provide a set level of funding and define minimum service delivery. How will quality of service be assessed to ensure that the minimum level isn't the only level available?
3) Case management for issues that go beyond a specific medical diagnosis involve a variety of issues and many community services may need to be accessed. How would a managed care organization ensure that this knowledge and these relationships are in place? How would people who have received case management services be transitioned to another provider? (Provider-client relationships also take time to develop).
4) What happens when targeted case management for high-risk pregnant women is separated from a home visiting program? What services would someone receive when the billing rate is $6.00/15 minute unit, especially when this service is currently provided by RNs? How much time and energy will be put into this important intervention—which helps prevent premature births, one of the more costly Medicaid expenses?

These are some examples of questions that would arise in a well thought-out planning process.

I work in local public health. We provide high quality services, often on a shoestring. A process that allows for input of our organizations (and others) is necessary to put a good plan in place.

Finally, in closing, I want to remind the committee that the decisions made in how a managed medicaid project is implemented impact more than a bottom line. They impact real people. People receiving services. Committed people who have been working faithfully in their communities to provide these services. The project deserves consideration.

On behalf of Lewis & Clark City-County Health Department, Association of Montana Public Health Officers, and the Montana Public Health Association, I ask for your support of SB 351. Thank you.